

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000187174

**Entity Name:** STRATEGIC LIQUIDATORS, LLC

**Current Principal Place of Business:**

6500 N. MILITARY TRL.  
51  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

6500 N. MILITARY TRL.  
51  
WEST PALM BEACH, FL 33407 US

**FEI Number:** 82-2712787

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BOWLING, FRED B  
6500 N. MILITARY TRL.  
51  
WEST PALM BEACH, FL 33407 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name BOWLING, FRED B  
Address 6500 N. MILITARY TRL., UNIT 51  
City-State-Zip: WEST PALM BEACH FL 33407

Title MGR  
Name MCAVOY, THOMAS P  
Address 6500 N. MILITARY TRL., UNIT 51  
City-State-Zip: WEST PALM BEACH FL 33407

Title AMBR  
Name BOWLING, FRED B  
Address 6500 N. MILITARY TRL., UNIT 51  
City-State-Zip: WEST PALM BEACH FL 33407

Title AMBR  
Name MCAVOY, THOMAS P  
Address 6500 N. MILITARY TRL., UNIT 51  
City-State-Zip: WEST PALM BEACH FL 33407

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** FRED B. BOWLING

**MANAGING MEMBER**

**04/27/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date